

Division of Health Care Facilities

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: TN0401	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 - MAIN BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 04/21/2015
NAME OF PROVIDER OR SUPPLIER BLEDSOE COUNTY NURSING HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 107 WHEELERTOWN AVENUE PIKEVILLE, TN 37367		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
N1400	<p>1200-8-6-14 Disaster Preparedness</p> <p>This Rule is not met as evidenced by: Based on document review, the facility failed to conduct disaster drills for all staff.</p> <p>The finding included:</p> <p>Document review on 4/21/2015 at 8:40 a.m., revealed the facility failed to provide documentation for the following disaster drills during 2014: tornado, earthquake, bomb, and flood.</p> <p>This finding was verified by the maintenance director and acknowledge by the administrator during the exit conference on 4/21/2015.</p>	N1400	<p>N 1400</p> <p>What corrective action will be accomplished for those residents found to have been affected by the deficient practice:</p> <p>No individual resident was cited.</p> <p>How will you identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken.</p> <p>All residents have the potential to be affected by this practice.</p> <p>What measures will be put into place or what systematic changes you will make to ensure that the deficient practice does not recur:</p> <p>In the future disaster drills will be conducted by the Maintenance Director for all staff on an annual basis to include tornado, earthquake, bomb and flood. Documentation for all drills will be available for review. The drills for tornado, earthquake and flood will be completed by June 6, 2015 and the bomb drills will be completed by Dec 6, 2015.</p>	6/6/15

Continued →

Division of Health Care Facilities
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Stephanie Byrne

STATE FORM

TITLE

Administrator

(X6) DATE

May 13, 2015

0399

XR6X21

If continuation sheet 1 of 1

Division of Health Care Facilities

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TITLE

(X6) DATE